

Kansas Immunization Requirements for School Year 2015-16 Overview



Our Mission: To protect and improve the health and environment of all Kansans.



Recommended Immunization Schedules for Persons Aged 0 Through 18 Years

UNITED STATES, 2015

This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

The Recommended Immunization Schedules for
Persons Aged 0 Through 18 Years are approved by the

Advisory Committee on Immunization Practices
(<http://www.cdc.gov/vaccines/acip>)

American Academy of Pediatrics
(<http://www.aap.org>)

American Academy of Family Physicians
(<http://www.aafp.org>)

American College of Obstetricians and Gynecologists
(<http://www.acog.org>)



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2015.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs
Hepatitis B ¹ (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →											
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →				5 th dose				
Tetanus, diphtheria, & acellular pertussis ⁴ (Tdap: ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁵ (Hib)			1 st dose	2 nd dose	See footnote 5		← 3 rd or 4 th dose → See footnote 5									
Pneumococcal conjugate ⁶ (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →									
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV: <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose				
Influenza ⁸ (IIV; LAIV) 2 doses for some: See footnote 8					Annual vaccination (IIV only) 1 or 2 doses					Annual vaccination (LAIV or IIV) 1 or 2 doses			Annual vaccination (LAIV or IIV) 1 dose only			
Measles, mumps, rubella ⁹ (MMR)					See footnote 9		← 1 st dose →					2 nd dose				
Varicella ¹⁰ (VAR)							← 1 st dose →					2 nd dose				
Hepatitis A ¹¹ (HepA)							← 2-dose series, See footnote 11 →									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal ¹³ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 13											1 st dose		Booster

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2015.

The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus ²	6 weeks	4 weeks	4 weeks ²		
Diphtheria, tetanus, and acellular pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ³
<i>Haemophilus influenzae</i> type b ⁵	6 weeks	4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks ⁵ if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel) or unknown. 8 weeks and age 12 through 59 months (as final dose) ⁵ • if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR • if current age is 12 through 59 months and first dose was administered before the 1 st birthday, and second dose administered at younger than 15 months; OR • if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1 st birthday. No further doses needed if previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal ⁶	6 weeks	4 weeks if first dose administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after. No further doses needed for healthy children if first dose administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus ⁷	6 weeks	4 weeks ⁷	4 weeks ⁷	6 months ⁷ (minimum age 4 years for final dose).	
Meningococcal ¹³	6 weeks	8 weeks ¹³	See footnote 13	See footnote 13	
Measles, mumps, rubella ⁹	12 months	4 weeks			
Varicella ¹⁰	12 months	3 months			
Hepatitis A ¹¹	12 months	6 months			
Children and adolescents age 7 through 18 years					
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis ⁴	7 years ⁴	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.	
Human papillomavirus ¹²	9 years	Routine dosing intervals are recommended. ¹²			
Hepatitis A ¹¹	Not applicable (N/A)	6 months			
Hepatitis B ¹	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus ⁷	N/A	4 weeks	4 weeks ⁷	6 months ⁷	
Meningococcal ¹³	N/A	8 weeks ¹³			
Measles, mumps, rubella ⁹	N/A	4 weeks			
Varicella ¹⁰	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

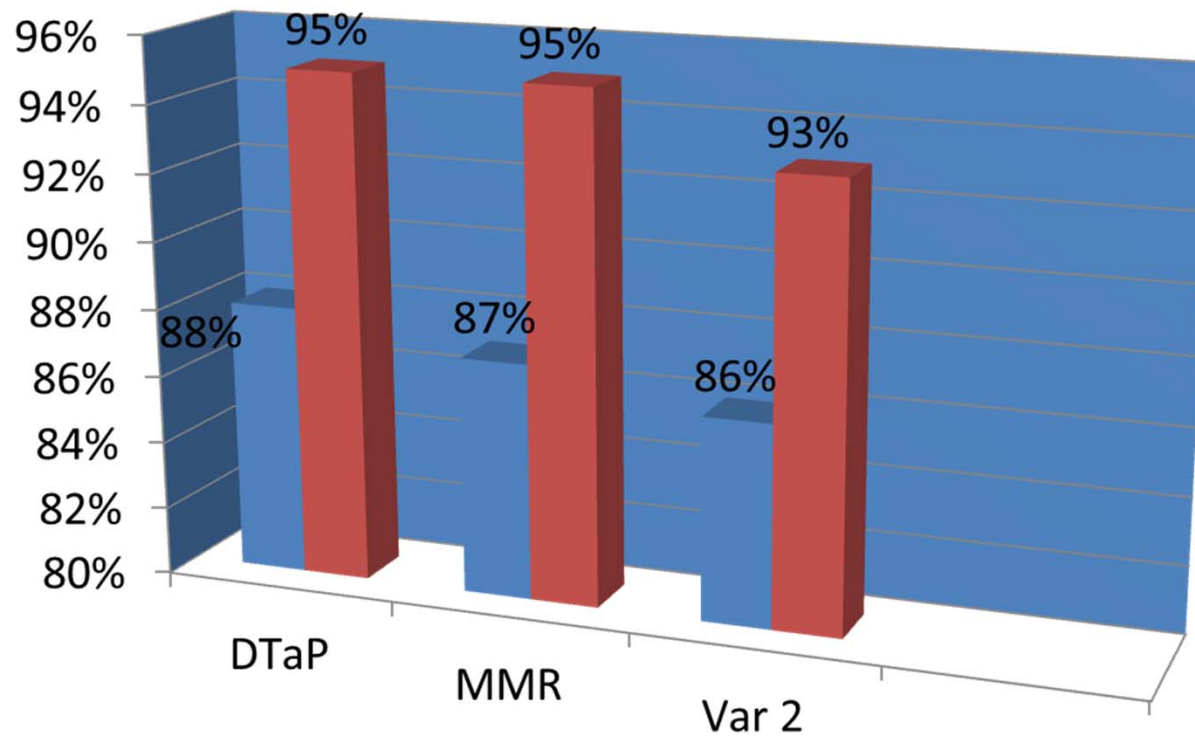
NOTE: The above recommendations must be read along with the footnotes of this schedule.



Our Mission: To protect and improve the health and environment of all Kansans.



Kansas Kindergarten Immunization Coverage 2013-14 School Yr



<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a1.htm>

Our Mission: To protect and improve the health and environment of all Kansans.



**Vaccination Coverage Among Children in Kindergarten
United States, 2013–14 School Year**

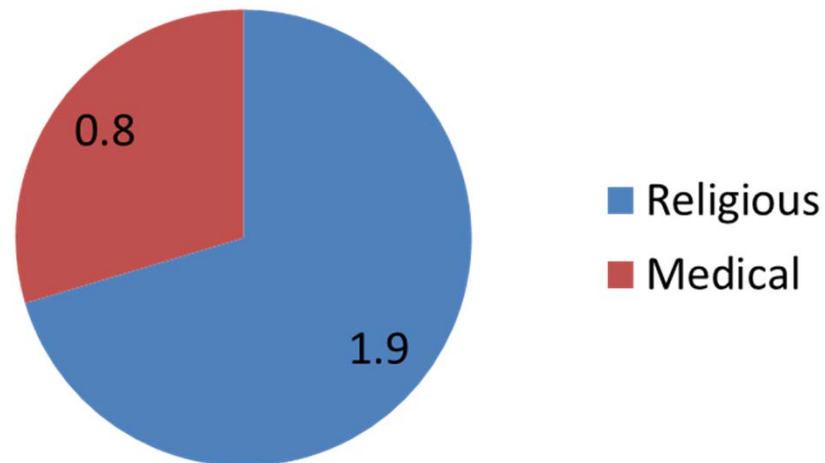
MMWR Weekly

October 17, 2014

Kansas Total # of exemptions 739 2.6%

- Medical Exemptions
- 213 .8%
- Religious Exemptions
- 527 =1.9

Immunization Exemptions



<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a1.htm>



No Immunization Requirement Change
DTaP, Tdap, MMR or Hepatitis B



Our Mission: To protect and improve the health and environment of all Kansans.



DTaP: 5 Doses

- a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4
- b) 4 doses acceptable if dose 4 given on or after the 4th birthday.
- c) If dose 4 is administered before 4th birthday, 5th dose must be given at 4-6 years of age

Tdap/Td: 7 years and older

3 doses if no history of any DTaP doses (a-b)

- a) 4 week minimum interval between dose 1 (Tdap) and dose 2 (Td); first dose must be Tdap
- b) 6 months between dose 2 (Td) and 3 (Td)
- c) Single dose of Tdap for an incomplete primary DTaP series
- d) Single dose of Tdap required for Grades 7-12

MMR: 2 doses Grades K-12th

First dose on or after the 1st birthday
28 days minimum interval between doses

Our Mission: To protect and improve the health and environment of all Kansans.



Hepatitis B: 3 doses Grades K-12th

4 week minimum interval between dose 1 and dose 2
8 week minimum interval between dose 2 and dose 3
16 weeks minimum interval between dose 1 and dose 3

Dose 3 must be given after 24 weeks of age

2015-16 School Year Immunization Requirements

Continue phasing in:

1. Polio 6 months rule between last two doses with one dose after the 4th birthday
2. 2 Doses Varicella Vaccine Requirement

Our Mission: To protect and improve the health and environment of all Kansans.



POLIO-Grades K-4, new students and students completing the Polio series

All IPV or OPV Schedule

4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday

3 doses acceptable, if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday

Combination IPV/OPV – 4 doses required

4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday

3 doses not acceptable with combination schedule

Polio-All IPV or OPV Schedule Grades 4-12th

4 doses-4 weeks minimum interval between doses regardless of age given

3 doses acceptable -4 weeks minimum interval between dose 1 and dose 2; dose 3 after 4th birthday

Combination IPV/OPV 4 doses required

4 weeks minimum interval regardless of age given

New students and students completing series must have 6 months between last two doses with one dose after 4th birthday

Our Mission: To protect and improve the health and environment of all Kansans.



Increasing Varicella Vaccine 2 Dose Requirement



- Healthy People 2020 Goal - 2 doses is 90% coverage
- 2008 Kansas began 2 Dose Requirement
- 2013-14 MMWR Kindergarten Survey 86% vaccine coverage

Our Mission: To protect and improve the health and environment of all Kansans.

Varicella: 2 doses Grades: K--12 School Year 2015--2016

First dose on or after the 1st Birthday

Second dose must be given at least 28 days after first dose

No doses required if prior varicella disease verified by a physician

Our Mission: To protect and improve the health and environment of all Kansans.



KCI- Varicella-Note section

Recommended- Varicella vaccine minimum interval less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age may be counted as valid. All doses must be after first birthday.



Our Mission: To protect and improve the health and environment of all Kansans.



Recommended Vaccines



Our Mission: To protect and improve the health and environment of all Kansans.





Adolescent Immunizations



“TEENS NEED RECOMMENDED VACCINES TOO!”

Because their teens...they still need vaccines!

Recommended Vaccines

Influenza- Flu (6 months and older)

HPV- Human Papillomavirus (11-12 years Females/Males)

Meningococcal- Meningitis (11-12 years/Booster at 16 years)





Our Mission: To protect and improve the health and environment of all Kansans.

KDHE SCHOOL IMMUNIZATION REQUIREMENT MEMO FOR THE 2015-2016 SCHOOL YEAR

<http://www.kdheks.gov/immunize/schoolInfo.htm>



Our Mission: To protect and improve the health and environment of all Kansans.



KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: _____ Address: _____

Parent or Guardian Name: _____

Phone: _____

Birthdate (MM/DD/YYYY): _____ SEX: [] MALE [] FEMALE Race: _____ Ethnicity: _____ County: _____

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-12. State Type							
Polio Required for school entry.						If additional doses are added, please initial the dose and sign below: _____ _____ _____	
HEP B (Hepatitis B) Required for school entry.							
Varicella (Chickenpox) Required for school entry.			Hx of Disease: _____ Date of Illness: _____				
MMR (Measles, Mumps Rubella combined) Required for school entry.			Physician Signature: _____				
Influenza (Flu) Recommended annually for ages 6mo and older. Not required for school entry.							
HIB (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
PCV (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
HEP A (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
MCV4 (Meningococcal) Initial dose recommended at 11-12 years of age and booster dose recommended after 16 years of age. Not required for school entry.							
HPV (Human Papillomavirus) Recommended for males and females at 11-12 years of age. Not required for school entry.							
Rotavirus Recommended < 8 mo. Not required for school entry.							

DOCUMENTATION

KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.

☐ I certify I reviewed this student's vaccination record and transcribed it accurately.

Agency Name: _____

Authorized Representative: _____

Address: _____

The record presented was:

Date: _____

- ☐ Kansas Immunization Record
☐ Other Immunization Record (Specify) _____

LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"

1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.

2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."

KANSAS IMMUNIZATION PROGRAM
 1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
 PHONE 785-296-5591 FAX 785-296-6510

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

Parent/Guardian Signature _____

Date _____

Rev. 02/2015

KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year.

As per Kansas Statute 72-5209, all children upon entry to school must be appropriately vaccinated. In each column below, vaccines are required for all ages listed in that column.

Pre-Kindergarten Ages 0-4 ACIP Recommended Schedule		Kindergarten through 12th Grade	
Birth	HEP B	DTaP: 6 Doses a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4 b) 4 doses acceptable if dose 4 given on or after the 4th birthday c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age Tdap/Td: 7 years and older 3 doses if no history of any DTaP doses (a-b) a) 4 week minimum interval between dose 1 (Tdap) and dose 2 (Td); first dose must be Tdap b) 6 months between dose 2 (Td) and 3 (Td) c) Single dose of Tdap for an incomplete primary DTaP series d) Single dose of Tdap required for Grades 7-12	MMR: 2 doses Grades K-12th a) First dose on or after the 1st birthday b) 28 days minimum interval between doses Varicella: 2 doses Grades K-12 a) First dose on or after the 1st Birthday b) Second dose must be given at least 28 days after first dose c) No doses required if prior varicella disease verified by a physician d) Two doses are recommended for all children Varicella-ACIP minimum interval for less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age is valid.
2 Months	DTaP/DT POLIO HEP B PCV ROTAVIRUS		
4 Months	DTaP/DT POLIO HIB PCV ROTAVIRUS		
6 Months	DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS	Polio: Grades K-4, new students and students completing the polio series <u>All IPV or OPV Schedule</u> a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses acceptable, if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday <u>Combination IPV/OPV - 4 doses required</u> a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses not acceptable with combination schedule	Hepatitis B: 3 doses Grades K - 12th a) 4 week minimum interval between dose 1 and dose 2 b) 8 week minimum interval between dose 2 and dose 3 c) 16 week minimum interval between dose 1 and dose 3 d) Dose 3 must be given after 24 weeks of age
12-15 Months	MMR VAR HIB PCV HEP A		Additional Notes: - Vaccine doses given up to 4 days before the minimum interval or age may be considered valid. - With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid. - Half doses or reduced doses of vaccine are not considered valid.
15-18 Months	DTaP/DT	Polio: Grades 4-12th <u>All IPV or OPV Schedule</u> a) 4 doses-4 weeks minimum interval between doses regardless of age given b) 3 doses acceptable ~4 weeks minimum interval between dose 1 and dose 2; dose 3 after 4th birthday	
18-24 Months	HEP A	<u>Combination IPV/OPV - 4 Doses required</u> a) 4 weeks minimum interval regardless of age given New students and students completing series must have 6 months between last two doses with one dose after 4th birthday	
ACIP Recommended Schedule http://www.cdc.gov/vaccines/schedule/			

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf
BLANK VERSION OF KCI FORM is available at http://www.kdheks.gov/immunize/download/KCI_Form.pdf

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.

Kansas School Requirements

Found at:

<http://www.kdheks.gov/immunize/schoolInfo.htm>

- KDHE School and Child Care School Immunization Requirement Memo
- Kansas Certificate of Immunizations (KCI)
- School Requirements FAQ Document-Updated
- Statute and Regulations Related to School Immunization Requirements
- Kindergarten Coverage Assessment School Yr. 2012-13
- Retrospective Study-School Yr 2012-13
- KSWebIZ School Module Information
- Online Education Order Site



Our Mission: To protect and improve the health and environment of all Kansans.



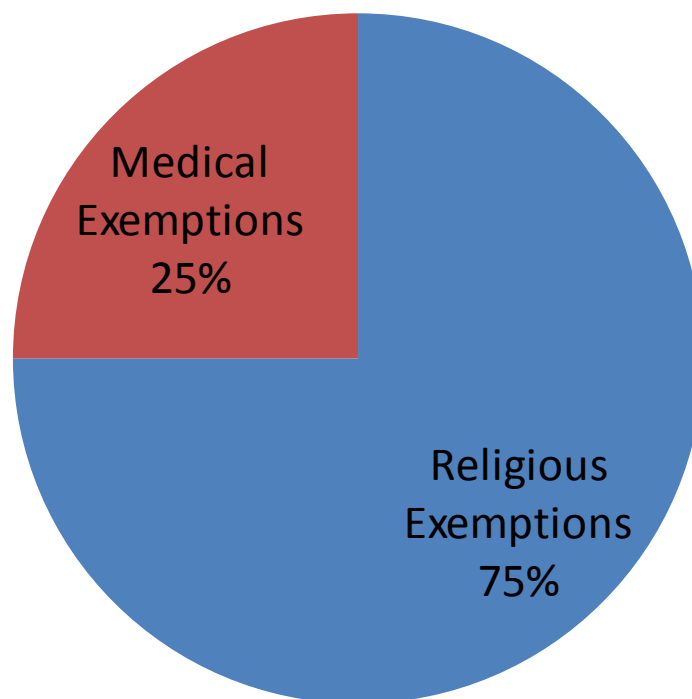


Questions?

Patti Kracht, R.N.
pkracht@kdheks.gov

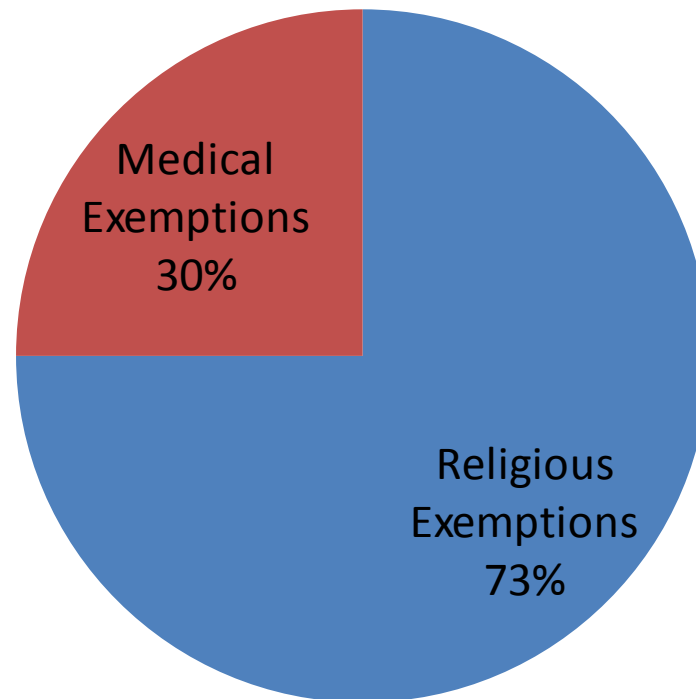
Our Mission: To protect and improve the
health and environment of all Kansans.

School Yr 2012-13
1.4% of Kansas Kindergarten Students had exemptions



Our Mission: To protect and improve the health and environment of all Kansans.

School Yr 2013-14
2.6% Kansas Kindergarten Students had exemptions



<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a1.htm>

Our Mission: To protect and improve the health and environment of all Kansans.

